

05/16/2016

Ms. Lisa Marcy

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Dear Ms. Marcy,

I am responding to your quest for additional information concerning Mr. Chatwin, and his record review by Dr. Goldman.

In that review under the heading Discussion, I respond to the points raised as follows:

1. At the time of his neurological evaluation I reviewed Mr. Chatwin's CTs of the brain. I now re state that my review of his CT scans of the brain from his admission, show loss of the left hemisphere gyral sulcal markings compared with right hemisphere gyral and sulcal markings. Although this finding was not mentioned by radiology along with other findings, the loss of gyral and sulcal markings are compatible with edema of the left hemisphere. There was no shift.
2. Mr. Chatwin may have had a degree of intra-parenchymal bleeding or subarachnoid hemorrhage. Dr. Stephenson's CT scan of the brain report indicates that there is "a small focus of cortical versus extra-axial blood in or adjacent to the posterior left frontal lobe adjacent to the calvarium." His MRI of the brain showed a tiny focus of hemorrhage, extra-axially. The latter may be subarachnoid blood products/hemosiderin. Extradural hemosiderin remains a possibility.

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3. Mr. Chatwin does not require neurosurgical consultation. Followup CT did not show depression of his skull fracture.

4. The chance of posttraumatic epilepsy remains a possibility, and the patient's risk of developing this as a complication from his head injury continues and will continue throughout the remainder of his life.. The risk of posttraumatic seizures is greater in patients who have had a significant head injury, including skull fracture, evidence of bleeding, amnesia, and alcohol use. His normal EEG is reassuring, but does not exclude this as a possibility. There is a wide range of developing posttraumatic epilepsy in the literature. If the patient had subarachnoid bleeding, as remains a possibility, his risk is greater.

5. If my report implies that he needs to wear a helmet during daily life, that is a misunderstanding. He does, however, need to be sure to wear a helmet and take precautions to avoid additional head injuries. The medical literature, sports literature and lay press are rife with discussions concerning chronic traumatic encephalopathy as a sequela of multiple head injuries

Regards,

Walter H. Reichert, MD